

Fill in this information to identify the case:

Debtor Name Home Healthcare Renewal Services

United States Bankruptcy Court for the: Northern District of Illinois

Case number: 23-03562

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: 2

Date report filed: 05/22/2023  
MM / DD / YYYY

Line of business: Home health care

NAISC code: 6216

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party:

Stori Worth

Original signature of responsible party

Stori Worth, RN 5/22/23

Printed name of responsible party

Stori Worth

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer **No** to any of the questions in lines 1-9, attach an explanation and label it **Exhibit A**.

	Yes	No	N/A
1. Did the business operate during the entire reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you plan to continue to operate the business next month?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you paid all of your bills on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you pay your employees on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you timely filed your tax returns and paid all of your taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you timely filed all other required government filings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you timely paid all of your insurance premiums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answer **Yes** to any of the questions in lines 10-18, attach an explanation and label it **Exhibit B**.

10. Do you have any bank accounts open other than the DIP accounts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you sold any assets other than inventory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Did any insurance company cancel your policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Did you have any unusual or significant unanticipated expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Has anyone made an investment in your business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Debtor Name Home Healthcare Renewal Services

Case number 23-03562

17. Have you paid any bills you owed before you filed bankruptcy? ☐ ☒ ☐
18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☒ ☐

## 2. Summary of Cash Activity for All Accounts

**19. Total opening balance of all accounts**

\$ 2,155.06

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

**20. Total cash receipts**

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 38,157.92

**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 39,337.01

**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ -1,179.09

**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 975.97

## 3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

**24. Total payables**

(*Exhibit E*)

\$ 0.00

Debtor Name Home Healthcare Renewal ServicesCase number 23-03562**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 1,274,695.41  
(Exhibit F)

**5. Employees**

26. What was the number of employees when the case was filed? 15  
27. What is the number of employees as of the date of this monthly report? 15

**6. Professional Fees**

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00  
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00  
30. How much have you paid this month in other professional fees? \$ 0.00  
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

**7. Projections**

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>49,903.38</u>	—	\$ <u>38,157.92</u>	=	\$ <u>11,745.46</u>
33. Cash disbursements	\$ <u>45,000.00</u>	—	\$ <u>39,337.01</u>	=	\$ <u>5,662.99</u>
34. Net cash flow	\$ <u>4,909.38</u>	—	\$ <u>975.97</u>	=	\$ <u>3,927.41</u>
35. Total projected cash receipts for the next month:					\$ <u>45,000.00</u>
36. Total projected cash disbursements for the next month:					— \$ <u>40,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>5,000.00</u>

Debtor Name Home Healthcare Renewal Services

Case number 23-03562

## 8. Additional Information

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If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.





800 Chestnut Street | Ottawa, IL 61350  
(815) 433-1496

FOR YOUR CONVENIENCE, A FORM FOR BALANCING  
A SHARE DRAFT ACCOUNT IS ENCLOSED.

Notice: See enclosed insert for important information regarding your rights  
to dispute billing errors. Including important information in case of errors or  
questions about your electronic transfers identified with letters "EFT".

Federally Insured by NCUA

574

HOME HEALTH CARE RENEWAL SERVI  
1715 N DIVISION ST STE 7  
MORRIS, IL 60450-3122

Ownership of share, deposit and certificate accounts shown on this statement is not transferable except on the books of the credit union.

Account Number	Statement Period	Page
XXXXXXX261	04/01/23 to 04/30/23	1 of 3

*Is a vacation on your horizon?*



## SUMMARY OF SHARE ACCOUNTS

SUFFIX	NAME	BEGINNING BALANCE	ENDING BALANCE
00	COMMON SHARES	1.02	1.00
80	SHARE DRAFTS	33.03	16.59

## COMMON SHARES SUFFIX:00

DATE	DESCRIPTION OF TRANSACTION	AMOUNT	BALANCE
	BEGINNING BALANCE		1.02
Apr03	TRANSFER TO SHARES REG-D MESSAGE	-0.02	1.00

## TRUTH IN SAVINGS INFORMATION

JOINT OWNERS: STORI L WORTH  
Y-T-D DIVIDENDS: 0.02

## SHARE DRAFTS SUFFIX:80

BEGINNING BALANCE 33.03  
DEPOSITS 34,609.37  
DRAFTS 1,000.00  
MISC DEBITS 33,625.81  
MAINT/SERVICE CHGS 0.00  
ENDING BALANCE 16.59

TOTAL NUMBER DRAFTS CLEARED  
1

DATE	DESCRIPTION OF TRANSACTION	AMOUNT	BALANCE
	BEGINNING BALANCE		33.03
Apr01	ATM SH TO SH TRANSFER REG-E MESSAGE	-33.00	0.03
	TRANSFER TO SHARES		
	IntBkg 04/01/2023 07:30 291321		
Apr03	ACH WITHDRAWAL REG-E MESSAGE	-136.83	0.03
	COMPANY:0200BCE3 ABSOLUT PAYROLL ID:30200BCE3		
Apr03	SERVICE FEE REG-E MESSAGE	-29.00	-28.97
	COMPANY:0200BCE3 ABSOLUT PAYROLL ID:30200BCE3		
Apr03	TRANSFER FROM SHARES	0.02	-28.95
Apr07	DEPOSIT	20,347.76	20,318.81
Apr07	WITHDRAWAL	-20,318.81	0.00





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Account Number	Statement Period	Page
XXXXXXXX261	04/01/23 to 04/30/23	2 of 3

## SHARE DRAFTS

SUFFIX:80

DATE	DESCRIPTION OF TRANSACTION	AMOUNT	BALANCE
Apr11	DIRECT DEPOSIT REG-E MESSAGE COMPANY:HUMANA INS CO HCCLAIMPMT ID:17431447	2,656.61	2,656.61
Apr11	DIRECT DEPOSIT REG-E MESSAGE COMPANY:HBPIIL HCCLAIMPMT ID:17516865	4,985.39	7,642.00
Apr11	DEPOSIT	170.01	7,812.01
Apr12	DIRECT DEPOSIT COMPANY:0200BCE3 ABSOLUT PAYROLL	33.00	7,845.01
Apr13	ATM SH TO SH TRANSFER REG-E MESSAGE TRANSFER TO SHARES IntBkg 04/13/2023 18:54 328496	-7,845.00	0.01
Apr18	DEPOSIT	5,649.22	5,649.23
Apr18	ATM SH TO SH TRANSFER REG-E MESSAGE TRANSFER TO SHARES IntBkg 04/18/2023 10:36 342777	-1,000.00	4,649.23
Apr19	SHARE DRAFT # 10014	-1,000.00	3,649.23
Apr21	ATM SH TO SH TRANSFER REG-E MESSAGE TRANSFER TO SHARES IntBkg 04/21/2023 08:42 352556	-2,500.00	1,149.23
Apr24	DEPOSIT	767.36	1,916.59
Apr25	ATM SH TO SH TRANSFER REG-E MESSAGE TRANSFER TO SHARES IntBkg 04/25/2023 09:43 363644	-1,400.00	516.59
Apr28	ATM SH TO SH TRANSFER REG-E MESSAGE TRANSFER TO SHARES IntBkg 04/28/2023 10:49 374559	-500.00	16.59

## CLEARED CHECKS

CHECK NO.	AMOUNT	CHECK NO.	AMOUNT	CHECK NO.	AMOUNT	CHECK NO.	AMOUNT
10014	1,000.00						

TOTAL FEES	THIS PERIOD	Y-T-D
FOR PAYING OVERDRAFTS	0.00	0.00
FOR RETURNING ITEMS UNPAID	29.00	87.00

## TRUTH IN SAVINGS INFORMATION

JOINT OWNERS: STORIE WORTH  
Y-T-D DIVIDENDS: 0.00

## SUMMARY OF YEAR-TO-DATE DIVIDENDS

	2023	2022
REPORTABLE DIVIDENDS	0.02	0.01
NON-REPORTABLE DIVIDENDS	0.00	0.00
TOTAL DIVIDENDS	0.02	0.01

REPORTABLE DIVIDENDS OF \$10 OR MORE ARE REPORTED  
TO THE IRS AS INTEREST INCOME FOR THE YEAR.



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Account Number		Statement Period		Page	
XXXXXXXX261		04/01/23 to 04/30/23		3 of 3	
IRA YTD DIVIDENDS *	OTHER YTD DIVIDENDS *	TOTAL YTD DIVIDENDS *	TOTAL YTD FED WHH *	TOTAL YTD FORFEITURES	
0.00	0.02	0.02	0.00	0.00	

**Business Checking**

Document

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PNC Bank

**For the Period 04/01/2023 to 04/30/2023**

Primary Account Number: [REDACTED] 527

Page 1 of 3

Number of enclosures: 0

HOME HEALTHCARE RENEWAL SRVCS #23-03

GENERAL ACCOUNT

DEBTOR IN POSSESSION

STE 7

1715 N DIVISION ST

MORRIS IL 60450-3122

For 24-hour banking sign on to

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FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG

PNC accepts Telecommunications Relay Service (TRS) calls.

Para servicio en español, 1-877-BUS-BNKG

**Moving?** Please contact your local branch

Write to: Customer Service

PO Box 609

Pittsburgh, PA 15230-9738

Visit us at PNC.com/smallbusiness

**IMPORTANT ACCOUNT INFORMATION**

Effective April 23, 2023, we are amending your Account Agreement for Business Accounts ("Agreement") to include the below disclosure entitled "Rule 370 Notification Requirements." All other information in your Agreement continues to apply to your Account. Please read this information carefully and keep it with your records, as it outlines certain accountholders' obligations in the unlikely event the Account becomes eligible for deposit insurance coverage.

**Rule 370 Notification Requirements**


If you have opened a deposit Account on behalf of the beneficial owner(s) of the funds in the Account (for example as an agent, nominee, guardian, executor, custodian, or funds held in some other capacity for the benefit of others), those beneficial owners may be eligible for "pass-through" insurance from the Federal Deposit Insurance Corporation (FDIC) (each, a "Pass-Through Account"). This means the Pass-Through Account could qualify for additional insurance coverage.

If the Pass-Through Account has "transactional features" as defined in section 370.2(j) of the FDIC's Rules and Regulations, you as the Account holder must maintain and be able to provide a record of the interests of the beneficial owner(s) in accordance with the FDIC's requirements. The FDIC's Deposit Brokers Processing Guide outlines the information you must maintain regarding the beneficial owners of the funds in the Pass-Through Account and the format in which you would be required to provide the records to the FDIC in the unlikely event of PNC's failure. In order to receive timely payment of deposit insurance, you must be able to provide the required information within 24 hours after the appointment of the FDIC as receiver. The Deposit Brokers Processing Guide can be accessed on the FDIC's website at <https://www.fdic.gov/deposit/deposits/brokers/part-370-appendix.html>.

If you maintain a Pass-Through Account at PNC, you agree to cooperate fully with PNC and the FDIC in connection with determining the insured status of funds in such Accounts at any time. In the event the FDIC is appointed as receiver of PNC, you agree to provide the FDIC with the information described above in the required format within 24 hours. In the event of PNC's failure, a hold will be placed on the Pass-Through Account and will not be released until the FDIC determines that you have provided the necessary data to enable the FDIC to calculate the deposit insurance. You understand and agree that your failure to provide the necessary data to the FDIC may result in a delay in receipt of insured funds and legal claims against you from the beneficial owners of the funds in the Pass-Through Account. If you do not provide the required data, access to funds in the Pass-Through may be restricted until the information is received, which could delay



# Business Checking

 For 24-hour account information, sign-on to  
pnc.com/mybusiness/

For the Period 04/01/2023 to 04/30/2023  
Home Healthcare Renewal Svcs #23-03  
Primary Account Number: [REDACTED]-4527  
Page 2 of 3

Business Checking Account Number: [REDACTED] 4527 - continued

payments of deposit insurance to the beneficial owners. We can help you validate that your file format and the information in it is appropriate to facilitate the timely calculation of deposit insurance. Please visit pnc.com/fdic-passthrough for more information. Notwithstanding other provisions in this Agreement, this Section survives after the FDIC is appointed as PNC's receiver, and the FDIC is considered a third-party beneficiary of this section.

## Business Checking Summary

Account number: [REDACTED] 4527

Home Healthcare Renewal Svcs #23-03  
General Account  
Debtor In Possession

Overdraft Protection has not been established for this account.  
Please contact us if you would like to set up this service.

## Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
2,164.70	3,548.55	5,711.20	2.05

## Overdraft and Returned Item Fee Summary

	Total for this Period	Total Year to Date
Total Overdraft Fees	.00	504.00
Total Returned Item Fees (NSF)	.00	828.00

## Deposits and Other Additions

Description	Items	Amount
ACH Additions	3	3,435.72
Fee Refunds	1	112.83
<b>Total</b>	<b>4</b>	<b>3,548.55</b>

## Checks and Other Deductions

Description	Items	Amount
Service Charges and Fees	1	231.20
Other Deductions	2	5,480.00
<b>Total</b>	<b>3</b>	<b>5,711.20</b>

## Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
04/01	2,164.70	04/17	890.02	04/20	1,482.05
04/03	1,933.50	04/19	1,002.85	04/28	2.05
04/07	4,890.02				

## Activity Detail

### Deposits and Other Additions


#### ACH Additions

Date posted	Amount	Transaction description	Reference number
04/07	1,478.55	Corporate ACH Hcclaiimpmt Jm MAC Sc/Hhh-PA 147214	00023096909906275
04/07	1,477.97	Corporate ACH Hcclaiimpmt Optum VA Ccn Reg 362980224	00023096909898314
04/20	479.20	Corporate ACH Hcclaiimpmt Jm MAC Sc/Hhh-PA 147214	00023109906213222

#### Fee Refunds

Date posted	Amount	Transaction description	Reference number
04/19	112.83	Overdraft Fee Ref (16115) 1-877-491-0754	

# Business Checking

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pnc.com/mybusiness/

**For the Period 04/01/2023 to 04/30/2023**  
Home Healthcare Renewal Svcs #23-03  
Primary Account Number: [REDACTED] 527  
Page 3 of 3

Business Checking Account Number: [REDACTED] 4527 - continued

## Checks and Other Deductions

### Service Charges and Fees

Date posted	Amount	Transaction description	Reference number
04/03	231.20	Service Charge Period Ending 03/31/2023	

### Other Deductions

Date posted	Amount	Transaction description	Reference number
04/17	4,000.00	Wire Transfer Out 234H51025Iox5Mzc	W234H51025IOX5MZC
04/28	1,480.00	Wire Transfer Out 234Sg06468V15Ex7	W234SG06468V15EX7

### Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 05/01/2023 and will appear on your next statement as a single line item entitled Service Charge Period Ending 04/28/2023.

\*\* Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

Description	Volume	Amount	
Account Maintenance Charge		.00	Requirements Met
Dual Statement Delivery	1	5.00	
Combined Transactions	3	.00	Included in Account
ACH Credits	3	.00	
Funds Transfer Services		62.50	
Pinacle Domestic Wire Transfer	5	62.50	
Account Reconciliation Service		27.30	
Partial Recon Rev Pospay Monthly	1	15.00	
Pinacle Per Stop Individual Entry	1	10.00	
Pinacle Image Viewed	2	2.30	
Information Services		65.75	
Pinacle Template Storage	1	.75	
Pinacle Express	1	35.00	
Pinacle Express Modules	2	30.00	
Total For Services Used This Period		160.55	
Total Service Charge		160.55	